

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 7

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 1, 2001

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 435

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 11,000b. FFY 2002 \$ 26,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A page 3  
Supplement 1 to Attachment 2.6-A page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):Attachment 2.6-A page 3  
Supplement 1 to Attachment 2.6-A page 1

10. SUBJECT OF AMENDMENT:

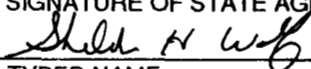
Medicaid eligibility

11. GOVERNOR'S REVIEW (*Check One*):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Sheldon Wolf

14. TITLE:

Assistant Director, Medical Services

15. DATE SUBMITTED:

June 29, 2001

16. RETURN TO:

David J. Zentner  
Director, Medical Services  
North Dakota Department of Human Services  
600 E Boulevard Ave Dept 325  
Bismarck ND 58505**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

July 9, 2001

18. DATE APPROVED:

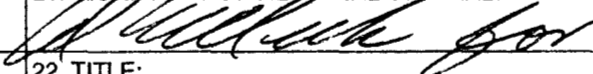
8/2/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

6/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: June 29, 2001

State: North Dakota

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Citation	Condition or Requirement
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- d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
- e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).

42 CFR 435.403  
1902(b) of the  
Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

☒ State has interstate residence agreement with the following States:

California	New Mexico	Texas
Kentucky	South Dakota	Ohio
Florida	Tennessee	Pennsylvania
Minnesota	Wisconsin	

☐ State has open agreement(s).

☐ Not applicable; no residency requirement

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Effective 06/01/01

<u>Number of Persons</u>	<u>Monthly Income Level</u>
1	247
2	368
3	477
4	572
5	654
6	722
7	777
8	818
9	859
10	900

Add \$41 for each person over 10 in assistance unit.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

☒ 133 percent ☐ \_\_\_\_\_ percent (no more than 185 percent)  
(specify)

<u>Family Size</u>	<u>Income Level</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TN No. 01-007  
Supersedes  
TN No. 01-001

Approval Date 8/2/2001

Effective Date 6/1/2001  
HCFA ID: 7985E